

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		/					51						
10 2		/					52						
10 3		/					53						
10 4		/					54						
10 5		/					55						
10 6		/					56						
10 7		/					57						
10 8		/					58						
10 9		/					59						
10		/					60						
11	/						61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16	/						66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3	/						53		/				
4	/						54		/				
5	/						55		/				
6	/						56		/				
7	/						57		/				
8	/						58		/				
9	/						59		/				
10	/						60		/				
11	/						61		/				
12	/						62	/					
13	/						63		/				
14	/						64		/				
15	/						65		/				
16	/						66		/				
17	/						67		/				
18	/						68		/				
19	/						69		/				
20	/						70		/				
21	/						71		/				
22	/						72		/				
23	/						73		/				
24	/						74	/					
25	/						75	/					
26	/						76		/				
27	/						77		/				
28	/						78		/				
29	/						79		/				
30	/						80		/				
31	/						81		/				
32	/						82		/				
33	/						83		/				
34	/						84		/				
35	/						85		/				
36	/						86		/				
37	/						87		/				
38	/						88		/				
39	/						89		/				
40	/						90	/					
41	/						91		/				
42	/						92	/					
43	/						93	/					
44	/						94		/				
45	/						95		/				
46	/						96		/				
47	/						97		/				
48	/						98	/					
49	/						99		/				
50	/						100		/				
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						